

## Abstracts

A31

questionnaire. **METHODS:** Data from the Health Survey for England (HSE) of 1996 ( $n = 16,443$ ) and 2006 ( $n = 14,142$ ) were selected in order to assess variation in population health status over a 10 year period. Both surveys covered population aged 16 years and over living in private households. The sample is regularly drawn using a multistage stratified random procedure that uses postcode sectors as the primary sample unit. Given that only the EQ-5D descriptive system is included to describe self-reported health in the HSE, a predicted EQ-5DVAS was estimated for each respondent based on a regression model developed from data of the 1993 York Measurement and Valuation of Health Project. **RESULTS:** Despite being older (2.59 years on average,  $p$ -value  $<0.001$ ) and having a slightly higher proportions of women (0.8 percent,  $p$ -value 0.156), the 2006 HSE reflects that English population has significantly ( $p$ -value  $<0.001$ ) reduced its prevalence of self-reported health problems in the last 10 years in three out of five EQ-5D dimensions: usual activities, pain/discomfort and anxiety/depression. Mobility and self-care dimensions, although higher in prevalence, did not reach statistical significance at 5% level when both years were compared. Health improvements over time were also reflected in the utility-weighted EQ-5DINDEX and predicted EQ-5DVAS ( $p$ -value  $<0.001$ ), having the 16–44 age-group and women the highest health gains. **CONCLUSIONS:** EQ-5D is a useful tool for monitoring population health. Our findings will assist local policymakers and public health authorities by improving their knowledge about trends in self-perceived health.

PMC62

#### ASSESSING THE QUALITY OF CONJOINT ANALYSIS APPLICATIONS IN HEALTH: A PILOT EVALUATION OF THE ISPOR CHECKLIST FOR GOOD RESEARCH PRACTICE IN CONJOINT ANALYSIS

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**OBJECTIVES:** Increasingly, conjoint analysis, a stated-preference method, is applied in health outcomes research. Variation in method type and quality make it difficult to assess substantive findings. The ISPOR Conjoint Analysis Database Project was established to identify and evaluate empirical conjoint analysis applications in the literature using the 10-point ISPOR Checklist for Good Research Practice in Conjoint Analysis (the Checklist). **METHODS:** Multiple electronic databases published between 1980 and 2008 were searched to identify conjoint-analysis applications in human health studies. Only English-language publications were incorporated. Included studies were subject to detailed data extraction including descriptive information, methodological details on survey type, experimental design, survey format, attributes and levels, sample size, number of conjoint tasks per respondent, and analysis methods. Review articles and methods studies were excluded. The detailed extraction form was piloted to identify key elements to be included in the database using a standardized taxonomy and to test the Checklist as an evaluative framework for the methodological assessment of these studies. **RESULTS:** The search identified 2,365 citations – 264 met inclusion criteria. The number of applied studies increased substantially over time (1980–85 = 5 and 2007 = 42) in a broad range of applications, cancer being the most frequent. Based on the pilot results, discrete-choice experiments using fractional factorial designs were most common. Attribute number ranged from 3–6, choice tasks per respondent ranged from 8–16 and sample size ranged from 30–335. Studies generally reported less information than required by the 10-point Checklist, especially regarding methods used to generate experimental design and reporting design properties. **CONCLUSIONS:** Conjoint analysis in health has expanded to include a broad range of applications and methodological approaches. The Checklist provides a framework to assess their quality. The conjoint analysis Database project will complete the assessment of the quality and variability of these studies based on the pilot findings.

PMC63

#### THE TRANSLATION AND LINGUISTIC VALIDATION OF THE NEUROPATHY TOTAL SYMPTOM SCORE-6 SELF-ASSESSED VERSION (NTSS-6 SA)

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The NTSS-6 SA has been translated into many different languages. It is designed to assess the severity of peripheral neuropathy symptoms. The objective of this study was to produce translations that are conceptually equivalent to the original and to other language versions, ensuring the relevance of the translations within the target cultures. A standard methodology was employed: 2 forward translations, a reconciliation of the forward translations, 2 back translations, back translation review; or an in-country review; linguistic validation interviews with 5 patients with diabetic peripheral neuropathy in each country, and 2 proofreadings. Numerous cultural and linguistic issues became apparent throughout the translation process, including the following: – Many different pain types are described (e.g. stabbing, shooting, electric-shock like, boring, aching) which were particularly difficult as this vocabulary was unavailable in some languages. A decision was made to assign the pain types into two groups; firstly dull, aching pains, and secondly sharper, stabbing pains. These could then be more easily conveyed and translated. – For many countries, there was no direct translation for ‘pins and needles’. If the country had no idiomatic description of this, ‘feeling as if ants crawl on the skin’ was used. – Some items ask about ‘feet’; many of the countries involved have no specific word for ‘feet’, so ‘from ankle to toes’ was translated. – Some languages were unable to convey ‘asleep feeling’ in a limb; this wording was therefore converted to ‘numbness’. The NTSS-6 SA has been translated and linguistically validated using a rigorous translation process. A number of cultural and linguistic issues

became apparent and were resolved. The measure is now appropriate for use in multinational trials.

PMC64

#### DEVELOPMENT OF A CHECKLIST TO ASSESS THE QUALITY OF TRANSLATIONS OF PATIENT-REPORTED OUTCOMES (PRO) INSTRUMENTS

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**OBJECTIVES:** Previous research for existing classification systems for translations of PRO instruments have shown that existing classifications 1) do not give formal evidence of the added value of any one step of the translation process; 2) do not address the importance of the number of translators or their qualification; and 3) do not give formal assurance of the intrinsic quality of the translations. Therefore there is a need to develop a comprehensive tool in form of a checklist to assess the quality of the translations of PRO instruments. This is the objective of our study. **METHODS:** We conducted 1) interviews with project leaders involved in the translation of PRO instruments; 2) a review of the process used to translate more than 300 instruments in up to 130 languages since 1995; and 3) a literature search with the following key words: translation, quality, assessment, control and evaluation. **RESULTS:** Sixteen articles were retrieved. The review of these and the interviews confirmed that 3 key elements should be assessed at each step of the linguistic validation process, i.e. the method used, the team involved and the quality of the end-product. The quality evaluation should be based on the availability (or not) of evidence backing each step. Mandatory evidence required for each step should be provided. For instance, evidence of the conceptual definition of the different items as defined by the developer should be provided as well as evidence that translations are conducted within the target countries. In the pilot test step, evidence of background information and participation of subjects should be included. The checklist is currently under development and will be presented. **CONCLUSIONS:** The checklist will provide an increasing level of confidence about the validity of a translation for the context in which the PRO measure and its translation will be used.

PMC65

#### A NOVEL COMPARISON OF QUALITATIVE DATA SOURCES: CONTENT ANALYSIS OF SEMI – STRUCTURED PATIENT INTERVIEWS VERSUS WEBLOGS (BLOGS)

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**OBJECTIVES:** Blogs have become a fruitful source of qualitative data in recent years and, as there is a relative lack of qualitative data in many areas of health research, this new data source could provide valuable insight in the early stages of research development. As such, the objective of this study was to assess the potential use of blogs in research development by comparing the data available in blogs with that gained from conducting semi-structured interviews with patients. **METHODS:** The subject of menopausal hot flashes was used to demonstrate the comparison. Twenty semi – structured interviews were conducted with women reporting to suffer hot flashes. The interviews focussed on a description of the symptoms and their impact on HRQoL. The themes emerging from the content analysis of these interviews was then compared to the themes found in twenty blog entries. Four researchers conducted the analysis, two in each data source group. **RESULTS:** Both the semi – structured interview data and the blog data provided numerous descriptions of the symptoms of hot flashes, with no discrepancies in thematic content. The interviews did however allow an explicit discussion of the range in symptom severity and the relationship between hot flashes and night sweats, which could only be inferred in the blog analysis. Similarly, the effect of hot flashes on physical and social functioning, and psychological wellbeing, produced similar themes in both data sources. However, while the interviews permitted clarification of the impact of symptoms on HRQoL, blog analysis often relied on inference. **CONCLUSIONS:** The broad themes elicited from both data sources were comparable. However, the interactive nature of the interviews produced richer, more reliable data than that contained within the blogs. As such the role of blog analysis could be that of a cost effective adjunct to literature searches when developing research protocols.

PMC66

#### USE OF THE MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW (M.I.N.I.) – VERSION 6 – IN AN INTERNATIONAL STUDY

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The M.I.N.I. is a semi-structured interview designed to explore and diagnose psychiatric disorders in research and clinical settings. Various versions of the US English instrument exist (M.I.N.I. Kid, M.I.N.I. Plus, etc.). Since its development in 1990 some or all versions of the original have been translated into more than 40 languages. **OBJECTIVES:** Before using version 6 in 12 countries, it had to be translated according to a rigorous methodology to meet 3 requirements: (1) concordance with existing translations, (2) conceptual equivalence across and (3) linguistic consistency within languages. **METHODS:** The translation process was conducted as follows: forward translations on the basis of translations of version 5 produced by psychiatrists appointed by the authors, backward translation, clinician review and whenever possible, review by the psychiatrists who had coordinated the initial translations. The authors contributed to the process by identifying the original concepts and reviewing the backward